

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION

Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX
Petitioner
v

File No. 89284-001

Blue Care Network of Michigan
Respondent

Issued and entered
this 23rd day of June 2008
by Ken Ross
Commissioner

ORDER

I
BACKGROUND

On April 18, 2007, XXXXX on behalf of her son XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* On April 24, 2008, after a preliminary review of the material submitted, the Commissioner accepted the request for external review.

The issue in this external review can be decided by an analysis of the contract that defines the Petitioner's health care benefits. The Commissioner reviews contractual issues under MCL 500.1911(7). This matter does not require a medical opinion from an independent review organization.

II
FACTUAL BACKGROUND

The Petitioner is a member of Blue Care Network of Michigan (BCN). His health care

benefits are contained in the BCN 1 Certificate. He has a history of congenitally missing teeth and deteriorated bones supporting his teeth and gums. Petitioner requested coverage for bone grafting and implant placement. BCN denied the request. The Petitioner exhausted BCN's internal grievance process and received its final adverse determination letter dated April 1, 2008.

III ISSUE

Did BCN properly deny the Petitioner coverage for bone grafts and implants under the terms of the certificate?

IV ANALYSIS

PETITIONER'S ARGUMENT

The Petitioner's mother says that his congenitally missing teeth are the result of a birth defect that "requires a comprehensive and permanent solution. It is not an optional or cosmetic issue, but one that speaks to his life-long health and wellness." She says she was advised when Petitioner was ten years old that he would have to wait until he was older to have this condition corrected. She says that Petitioner's physicians support grafting and implants as necessary to treat his condition. Dr. XXXXX, Petitioner's primary care physician stated, "It is important for Petitioner's over all health that he receives replacement of the teeth that failed to develop naturally. This will prevent further malocclusion." In addition, Dr. XXXXX of the XXXXX School of Dentistry wrote:

We considered that due to significant alveolar bone horizontal and vertical deficiency in the edentulous areas, advanced grafting for all three edentulous areas must be performed prior to Implant placement. This treatment is needed because Petitioner is congenitally missing 9 teeth (#1, 2, 12, 13, 16, 17, 20, 29, and 32). This condition has significant implications in the quality of life of the patient, as it compromised the normal posterior occlusal function. If the indicated treatment is not provided, [Petitioner's] dentition would be in a compromised situation, which may make

him more susceptible to malocclusion, temporomandibular and parafunctional disorders.

The Petitioner contends there are no other methods that would be suitable for correcting his condition. He says if bridgework was chosen he would have to destroy healthy natural teeth. Since he is already missing so many he wants to preserve all remaining teeth.

Respondent's Argument

In its April 1, 2008, final adverse determination, BCN denied coverage for the services because "dental procedures are not covered per our medical policy, therefore, the services in question are not covered."

BCN's denial of coverage is based on these provisions in the certificate:

Part II: Exclusions and Limitations

* * *

2.13 Dental Services

Dental services, dental prostheses, x-rays and oral surgery are not a benefit under this Certificate except as specifically provided in Section 1.19.

1.19 Oral Surgery

Oral surgery and x-rays are a benefit only when authorized by a Plan Physician for the following conditions:

- A. Treatment of fractures of the jaw and facial bones, and dislocation of the jaw.
- B. Oral surgery necessary for prompt repair of trauma to the jaw, natural teeth, cheeks, lips, tongue, roof and floor of the mouth.
- C. Medically necessary cutting procedures for treatment of lesions, tumors and cysts on or in the mouth, as prescribed by a Plan Physician.
- D. Hospital services and related medical services for oral surgical procedures which are medically required to be performed on an inpatient or outpatient hospital basis because of an unrelated medical condition.

BCN contends the requested services do not meet its criteria and therefore denial of coverage was appropriate.

Commissioner's Review

BCN's certificate covers some dental-related services but only in very limited situations

(when required because of fractures or traumatic injuries, or for temporomandibular joint syndrome treatment or in some cases orthognathic surgery).

It is the Commissioner's conclusion that the Petitioner's oral surgery does not meet the criteria for coverage listed in section 1.19 of BCN's certificate. While there is no dispute that the oral surgery is necessary, the surgery was a dental service which is not covered under the certificate.

The Commissioner finds BCN's denial is consistent with the terms and conditions of its certificate.

V ORDER

The Commissioner upholds BCN's April 1, 2008, final adverse determination. BCN is not required to cover the Petitioner's grafts and implants.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.